HRA

005/018

DEPARTMENT ()F HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
MENT OF DESICIENCIES AND (XI) PROVIDERSUPPLIERCUA

PRINTED: 01/14/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND		(XI) PROVIDER SUPPLIER CLIA		(X2) MULTIPLE CONSTRUCTION	OMB NO. 0938-0391	
PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A BUILDING	(X3) DATE SURVEY COMPLETED	
		09G168	ļ	B. WING		
NAME OF	PROVIDER OR SUPPLIER					l/10/2008
HOI TS	N			STREET ADDRESS CITY, STATE, ZI 3612 MILITARY RD, NW WASHINGTON, DC 20015	PCODE	
X4) ID	SUMMARY STATEMENT OF	DERICANIANA				
PREFIX	I VENER DEFILIENCY MARET S		10	PROVIDER'S PLAN OF	CORRECTION	
TAG	REGULATORY OR LSC IDEN	TIFYING INFORMATION)	PREM	" LENGT CORREL TOP AT"	1/1h! C!!/^!# &	COMPLETION DATE
	1		17.0	CROSS-REFERENCED TO T	HE APPROPRIATE	\$ 30
W000	INITIAL COMMENTS				''	
	The recertification surve	Olympia and a da	W00	0		- 3-2
	January 8, 20008 through	January 10, 2008 using	1	1		*
	the full survive process	A random sample of two	1			25
	clients was selected from	a residential population	1			경우
	of three makes with men	tol residential population	1	1		
	disabilities. The survey	Endingation and other				N 200
	observations in the grou	indings were based on		1		
	programs, in cryiews, an	p nome and at two day	1	1		19 "
	including unusual incide	nd a review of records,	İ			
		in reports.		{		1
ļ	483.410(o)(1) CLIENT F	RECORDS				
V110			ı			1
ן טייי	The facility must develop	and maintain a	WITO	The Consumit		
Į	COUNTREEDING System that	includes a separate	" " " "	The Governing body seeks to	o ensure that its	
1	record for each client.			JOSUN KUCDINE SYSTEM MESS	the crowdends	1
- 1	This CT and and			outlined in the policy and pro	occdures	
i	This STANDARD is not a	net as evidence by:	ı	relating to Client Records, Ti	ne governing	
į	Composite things Algebra and two	cord mariana atau		plans to do so by ensuring the	at a copy of all	
	facility failed to maintain (Client #1's record by		consents applicable to each in	idividual is	
	ensuring necessary consentile	t forms were kept on		appropriately filed in their recorderence.	cords for future	
- 1				13.00		
1	The findings includes:					
]]	Interview with the Qualifie	d Mental Retordation			1	
	Y Y TEGE ON A LINE OF A PARTY	Politica of Call		Client #1's grandmother signe	d the consent	1/24/2008
		111 7000 at 1.00 ms 4		" UVANIED IN TOTAL OF THE PROPERTY OF	-1	~/#T/4VV0
1 -	AA MYC CLICIN DEND N CU	IOBOCCORU Am		Transfer to the children of th	min = none P	
, ,	ANIMANA VY WILLIAM IN SPECIAL I	ter moderal (T		THE DISTRICT CONSCRIPTION OF PARTY	n maad!I	
, ,,	INCLAICM MITH THE HORSE P	fonces (III n		- VOVA CITCHE ALL & GEOMATOTOPINA	- i- h2-	j
, -		/ rprrool d Al	ı	fulfated medical guardian and t	his has been	
۱ ۷	wern are not have the cana	Other to a man to a	- 1	made know to the court	ļ	
-	Annount for the 120 Of Wellic	Stop sk//	j		ł	
j iz	icuical services. The HM	revociod that Oliver	1		i	1
j nr	T TROUGH A KLANDING NUCLES THEY TO	ا و الشياسيسية وهود	- 1		}	•
1 41.	I'M WULLIA DE THE THEFEAN	TOOMAN SELL A.	{			
16	''''' A INSUNCAN CONCESS The	LIN II seen.	-			1
1 113	CONTRACTOR DOWNSTON	2009 40 000000 3 34	- 1			ļ
	onsent had been obtained for 1008 colonosec py. According	or the Years and the]		1	j
	ORY DIRECTORS OR PROVIDE		- 1		- 1]

Any deficiency statement ending with an orients (*) denotes a deficiency which the institution may be accused from correcting providing it is determined that other safejuards provide sufficient protection to the patients. (See instructions.) Except for nursing homes the findings attend above correction are disclosable 1) days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction is requisite to continued program participation. FORM CMS-2567 (02-99) Provious Versions Obsolete Event ID: P2LD11 Facility ID: 09G168

If continuation sheet Page 1 of R

(X6) DATE

HRA

2 [V][2]	ENTERS FOR MEDICARE & MEDICAID SERVICE ATEMENT OF DEPKIENCIES (X1) PROVIDER/SUPPLER/C		71.14	(X2) MULTIPLE CONSTRUCTION	FORM APPRO OMB NO. 0938-0	
AND PLA	PLAN OF CORRECTION DENTIFICATION NUMBER:			A BUILDING	(XI) DATE SUR COMPLETI	VEY
VAMEOR	PROVIDER OR SUPPLIER	09G168		B, WING		
				STREET ADDRESS CITY, STATE, ZU	0(/)	0/2008
HOL TS	_		į.	3012 MILITARY RD, NW WASHINGTON, DC 20015	CODE	
X4) ID Referen	SUMMA: Y STATEME (EACH DIFFICIENCY M	I IST DE BORTON	1 10	PROVIDER'S PLAN OF C	YOUR EASTERN	
TAG	REGULA ORY OR LSO INFORMATION)	IDENTIFYING	PREFI	'A LONGH CHRIPTTUR APPR	ON SHOULD BE	COMPLET DATE
v) 10	at the time of the consocopy of the consocopy of the consocord. At the facility failed to ens	een obtained however the abmitted to the hospital allonoscopy and there was ent maintained in Client time of the survey, the sure Client #1's record make certain relevant	Witi	0		
/120	483.410id){3} SER WITH CUTSIDE S	VICES PROVIDED DURCES It that outside services	W120			
	This STANDARD is Based on observation.	not met as evidence by: interview, and record led to chaure that outside		The Governing Body sceks to all services provided by outsi obtainable and meets the need individuals served.	da 500.00	
1 () () () () () () () () () (Observation of Client son January 9, 2008 at 1 olient in a large room whether clients and 4 staff and Client #2 was observound the room. The coop be engaged in any coof minutes (1:06pm). A	2:29pm revealed the vith approximately 23 The television was on rved to be looking lient was not observed		The QMRP completes monthly cach individual's assigned day. The QMRP has set up a meeting assigned case manager, and Didiscuss #2's program activities current placement is unable to with structured activities anoth will be explored with him, his expoort, and his assigned case is	program. ing with the lector to i. If #2's provide him er placement	1/24/2008
ac th	nterview was conducted inector on January 9; 20 stivity the client should a aforement into do had recently complete the should recen	be engaged in during frame (from 12:29 to	1	The QMRP will ensure that the scheduled that is being followed and meaningful to the Individua completing monthly visits.	lie ou	1/24/2008

HRA

007/018

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/14/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 (XI) PROVIDER/SUPPLIENCLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED A. BUILDING 09G168 B. WING NAME OF PROVIDER OR SUPPLIER 01/10/2008 STREET ADDRESS CITY, STATE, ZIP CODE ST JOHN 3012 MILITARY RIL NW WASHINGTON, DC 20015 COLLEGE SUMP ARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PROVIDER'S PLAN OF CORRECTION PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE FULL REGULATORY OR LSC IDENTIFYING TAG MOTESTION CONTRACT CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG INFORMATION) Continued From page 2 W 120 to engage in socialization activities in W120 order to increase his socialization skills. The director further revealed that the client was provided with social skills training previously that morning and the time after lunch was used for the client to practice some of the training that was given that morning. The director verified the statement by providing a copy of the client's activity schedule for review. The activity schedule was dated for the months of September through December 2007, At the time of the survey, the facility failed to ensure Client #2's day program activity schedule was current. Continued interview was conducted with the day program's director to The QMRP will request reports during 1/24/2008 ascertain information on what the client monthly visits to ensure that the was learning at the day program. The documentation remains current and reflects director provided the client's record for the progress of the individual. review and it revealed that active treatment documentation had ceased after September 30, 2007, Interview was conducted with the person responsible for documenting the therapeutic activities on January 9, 2008 at approximately 1:53 PM and he/she verified that the documentation was behind, At the time of the survey, the facility failed to ensure the day program's active treatment documentation for Client #2 was

W 124

483.420(a)(2) PROTECTION OF CLIENT'S RIGHT'S

The facility must ensure the rights of all cliems. Therefore the facility must inform each client, parent (if the client is a min(r), or legal guardian, of the client's medical condition, developmental and behavioral status,

attendan; risks of treatment, and of the

FORM CMS-2567 (02-99) Previous Versions Obsolete Event ID: P2LD11

right to refuse treatment.

an opportunity to express themselves and Facility ID: 09G168

The Governing Body seeks to ensure that

participation in self-advocacy groups every

other month. The individuals in the home

also facilitate Self-Direction meetings once

a week. At the Self Direction meetings the

individuals discuss their rights and other

topics of interest to them. This gives them

the rights of all individuals served are

protected This is evident in their

W124

If continuation sheet Page 3 of 8

HRA

008/018

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2008 FORM APPROVED

AND PLAN OF	OF DEFICIENCIES CORRECTION	(XI) PROVIDER/SUPPLIN	ER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(XI) DATE SURV	IO. 0938-0 EY
		09G168	i	483 WING	COMPLETED)
NAME OF PRO	VIDER - XR SUPPLIER				01/10	/2008
ST JOHN	· IDER JR SUPPLIER	,		STREET ADDRESS CITY, STATE, 3012 MILITARY RD, NW WASHINGTON. DC 20015		
(X4) ID	SUMMARY STATEM	ENT OF DEFICIENCIES	T D			
PRÉFIX TAG	FULL. REGULATORY INFORMATION)	MUST BE PRECEDED BY OR LSC IDENTIFYING	PREFEX	PROVIDER'S PLAN O (EACH CORRECTIVE AI CROSS-REPERENCED TO DEFICIEN	CTION SHOULD BE	COMPLE DATE
In the series of	record review, the ensure the rights of their legal guardia the clent's medical developmental and attendant risks of right to refuse trea two clients (Client and plantary). The finding included the client's of Client #1 in January 10, 200 the along the client in January 17, 2008 atterview was condensent had been of existing the client's was condensent had been of existing the client's with the Film) on January 10 as obtained by the andrusther and was pital at the time for the client and in January 8, 20 called that the client and on January 8, 20 called that the client in the client	D is not met as sed on interview and facility failed to of each client and/or in to be informed of al condition, I behavioral status, treatment, and the atment, for one of the title. (Considered Mental signal (QMRP) and is medical record 8 at 1:20 PM had a colonoscopy (Continued to ascertain if betained for the According to House Manager D, 2008, consent client's as submitted to the of the scheduled (M further revealed insent was not ent's record. It interview with the 1008 at 12:31 PM and did not have the med consent for in and/or medical vealed that Client is that was and would be the or giving medical of the survey, the ide evidence that guardian was inversed and the procedure. The MPNITAT was a self-medical procedure.	W124	Client #1's grandmother of documents for him to have Provisions will be made to the signed consent placed book. Client #1's grandmother made known to the court.	signed the consent a colonoscopy. obtain a copy of in his medical	1/24/200
V159 RET	AKIDATIONI DD -	TERRES	V159			
1 CMS-2567 (0						

HRA

009/018

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2008 FORM APPROVED

YND PLVM YND BEVEN	TEMENT OF DEFICIENCIES DELAN OF CORRECTION (XI) PROVIDER/SUPPLIE (DENTIFICATION NUMB) 09G168		ER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVE	IO. 0938-03 EV
			1		COMPLETED	
NAME OF P	OF PROVIDER OF SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE				72008	
AHOL TÊ	3012 MIL FLARY RD, NW					
•				WASHINGTON, DC 2001:	5 .	
X4) ID REFIX	SUMMARY STATEM	ENT OF DEFICIENCIES		PROVIDER'S PLAN	Or CORDEO	- -
TAG	INFORMATION)	MUST BE PRECEDED BY OR LSC IDENTIFYING	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	COMPLETE DATE
W 159	Continued From	page 4	W 159			
	Each client's active must be integrated thousand by a quaretardation profess	alified mental		The Course is not		
	This STANDARD cvidenced by: Bas interview and recordacility's Qualified Professional (QMI adequately monito coordinate each climeatment.	ed on observation, and review the important Retardation RP) failed to		The Governing Body sector each individual's active is integrated, coordinated a Qualified Mental Retart on an ongoing basis. 1. The QMRP met with home to discuss the mutrific recommendations for Cli	treatment program I, and monitored by dation Professional the staff in the	1/22/200
	The findings inclu- 1. The QMRP fail recommendation in nutritionist had bee and/or addressed. (iled to ensure the lade by Client #1's implemented See W460)		The QMRP also contacte schedule and in-service w nutrition plans for all the home. The nutritionist w service with the staff on 1 2. The QMRP has set up assigned case manager an	rith the staff on the individuals in the fill complete an in- /27/2008. a meeting with the d Director to	1/18/200
	2. The QMRP faile #2's day program m cnsuring his record with current inform W120)	et his needs by		discuss #2's program active current. The QMRP will a during monthly visits to endocumentation remains out the progress of the individual	vities. If #2's equest reports asure that the	1/24/2008
W 322	483.460(a)(3) PHYS The facility must pro	vide er ohtain	W 322	The Governing Body seek	s to ensure that	-
	This STANDARD is evidenced by: Based record review, the fac	ral medical care. s not met as on interview and cility failed to		all individuals in the home obtain preventive and gene in accordance with the rule under Physician Services (a	are provided and rail medical care	
	ensure general and p services, for one of the (Client 142) included	reventative care the two clients in the sample.			·	
	The finding includes:					
A CNE 32	67 (02-95) Previous Ven	_				

HRA

01/15/2008 01:33 FAX 2024429430

010/018

CENTE	RS FOR MEDICA	TH AND HUMAN SERVICES RE & MEDICAID SERVICES			FORM	D: 01/14/2 APPROV
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(XI) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULT CONSTRUI A BUILDI	CTION (X	3) DATE SURVEY COMPLETED	<u>D. 0938-0</u>
			B. WING_	DRESS CITY STATE 210 CODE		008
iame of : ST JOH	PROVIDER OR SUPPI _I N	SR	3012 MTL	DDRESS CITY, STATE, ZIP TARY RD, NW IGTON. DC 20815	CODE	
Xd) ID	T di nati		47,63111	G LON. DC 20815		
refix TAC	REGULATORY OR	EMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ED PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AI CROSS-REFEREN APPROPRI DEFICIEN	ced to the tate	COMPLE COMPLE DATE
W322	Continued From	n page 5	W322			
	January 10, 200 client was last s 2, 2005. The aurevealed that the evaluation, inter Qualified Menu (QMRP) on Jan 6,35 PM to asce occurred. According to According the control of the cont	nt #2's medical record on 18 at 4:34 PM revealed the seen by the Audiologist on May diological consultation form a client should have an annual rview was conducted with the al Retardation Professional uary 10, 2008 at approximately stain if the evaluation had ording to the QMRP, the House		The QMRP obtained appointment for Clies 4, 2008 at 9am.	an audiology nt #2 for March	1/25/20
W356	an appointment. facility failed to recommended as	empted unsuccessfully to get At the time of the survey, the ensure Client #2 received the adiological services. OMPREHENSIVE DENTAL	W3 5 6		·	
	needed for relief restorat on of teet health,	ensure comprehensive dental is that include dental care of pain and infections, th, and maintenance of dental	,	The Governing Body a ensure that all individu obtain and receive condental treatment in acc (W356) 483.460 (g) (2)	als served iprehensive ordance with	
	failed to ensure tin the two elients (Cli	o is not met as evidenced by: wand record review, the facility nely dental services, for one of lent #2) included in the sample.		The Chiften and a single		
	dentist as document	2 records on January 10, 2008 Client #2 was seen by a ted below.		The QMRP scheduled appointment for Client appointment for Client January 29, 2008 at 9:30 for scaling. received authorization to the cleaning.	#2 for Dam with	1/24/2008
	December 3, 2007-	the dental consultant patient needed scaling.				
i		1	ľ			

HRA

011/018

If continuation sheet Page 7 of 8

PRINTED: 01/14/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFI-DENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A BUILDING 09G168 B, WING NAME OF PROVIDER OR SUPPLIER 01/10/2008 STREET ADDRESS CITY, STATE, ZIP CODE ST JOHN 3012 MILITARY RD, NW WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EAC) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING COMPLETION DATE PREFIX TAG TAG INFORMATION DEPICIENCY) W356 Cominued From page 6 Interview with the Qualified Mental QMRP will have the HM call before the Retardation Professional (OMRP) on scheduled appointment to ensure that the 1/25/2008 January 10, 2008, at approximately dentist has received authorization to have 6:30 PM was conducted to ascertain if his scaling completed before he attends his the cl-ent had the recommended scaling appointment. comp eted as documented on both of the aforementioned consultation forms. The QMRP revealed that the scaling had not been completed due to complications with preauthorizations for the dental services. At the time of the survey, the facility failed to ensure Client #2 received the recommended dental services (scaling) in a tirsely manner. 483.480(a)(1) POOD AND W460 NUTRITION SERVICES Each client must receive a The Governing Body seeks to ensure that nourishing, well-balanced diet each individual receives appropriate food including modified and speciallyand nutritional services based on their presert sed diets. individual needs in accordance with the governing regulations of W 460 section This S'ANDARD is not met as 483.480 (a) (1) Food and Nutrition evidence by: Based on Services. observation, interview, and record review, the facility failed to ensure that each client received a nourishing, well-balanced diet including modified and speciallyprescrit od diets, for one of the two clients (Client #1) included in the sample. The fineing includes: Observation and interview with Client The QMRP met with the staff in the home #I on January 8, 2008 at 4:18 PM 1/22/2008 to discuss the nutritionist recommendations revealed the client received crackers for Client #1. and apple slices with orange juice for a snack. It should be noted that client The QMRP also contacted the nutritionist to was observed to be of medium build 1/18/2008 schedule and in-service with the staff on the with thir legs. nutrition plans for all the individuals in the home. The nutritionist will complete an in-Review of Client #1's record on January service with the staff on 1/27/2008. 10, 2008 PORM CMS-2567 (02-99) Previous Versions Obsolete Event ID: P2LD11 Facility ID: 090168

HRA

012/018

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2008 FORM APPROVED

AND PLAN (EMENT OF DEFI-CIENCIES PLAN OF CORRECTION OF IDENTIFICATION NUMBER		R;	(X2) MIJUTIPLE CONSTRUCTION A. BUILDING	OMB NO. 0938-03 OG) DATE SURVEY COMPLETED	
NAME OF BE	Alphan at	09G168		B. WING	COMPLETED	
ST JOHN	OVIDER OR SUPPLIER			STREET ADDRESS CITY, STATE, 3012 MILITARY RD, NW WASHINGTON, DC 20015		2008
(X4) ID	SIM. APV STATELA	ENT OF DISFICIENCIES		7 THE 20013		
PREFIX			ID.	PROVIDER'S PLAN O	FCORRECTION	
TAG	INFORMATION)	OK TZC IDENTIFAINÓ	TAG	CROSS-REFERENCED TO DEFICIEN	CTON SHOULD BE THE APPROPRIATE	COMPLETIO DATE
I con a a n n th h h c C di su to sn	from anuary 2007 According to the cl 138 pounds in Janu 128.2 pounds in Oc later), Continued re record on January 1	s monthly vital signs and the client's weight through October 2007, nart, the client weighed ary 2007 and weighed tober 2007 (9 months view of Client #1's 0, 2008 at 2:07 PM nutritional assessment 7. cessment, Client #1 '8") and had a range of 124 to 164 he client's nutritional ber 31, 2007, idation that at should be provided acks twice a day (ice a, and pudding). ceted with the QMRP at 6:05 pm to mendation by the mplemented and/or to the QMRP, a recommendation by the weight had been the time of the recommendation of the light coloring with high coloring the light coloring at the light coloring of the recommendation of the light coloring with high coloring the light coloring with high coloring the light c		The QMRP informed the 1 should be receiving hig such as yogurt, ice cream the evening once when he and then again before he will help increase his weight the state of the sta	th caloric snacks , pudding twice in to arrives home	1/22/2003
M CMS-2467	(02-91) Previous Vers					
	AND A LICARDITA AGAS	ons Obsolcte Event ID;	201 /5	Pacility ID: 09G168	1	i i

HRA

014/018

If continuation sheet Page 1 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/14/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED (XI) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 STATEMENT OF DEF, JIENCIES (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION A BUILDING_ 09G168 B. WING_ NAME OF PROVIDER OR SUPPLIER 01/10/2008 STREET ADDRESS CITY, STATE, ZIP CODE ST JOHN 3012 MILITARY RD, NW WASHINGTON, DC 20015 (X4) ID SUMMIARY STATEMENT OF DEFICIENCIES PREMX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PREFTX (2G) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE FULL REGULATORY OR LISC IDENTIFYING TAG CROSS-REFERENCED TO THE APPROPRIATE TAR INFORMATION) DEPICIENCY) I 000 INITIAL COMMENTS The f:censure survey was conducted from January 8, 2008 through January 10, 2008. A random sample of two residents was selected from a residential population of three males with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews and review of records, including usual incidents reports. 1082 3503. .0 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting, This SCATUTE is not met as evidence The Governing Body seeks to ensure that by: Based on observation and interview, all bathrooms are equipped with toilet the GHMRP falled to ensure bathroom tissue, paper towels, a cup dispenser, and were equipped with toilet paper and soap for hand washing. paper towel dispensers. The finding includes: Observations of GHMRP's The QMRP informed the staff at their staff environ nent and interview with the 1/22/2008 meeting about ensuring that all bathrooms house ranager on January 10, 2008 at have the needed amenities. Each bathroom 7:25pm revealed a roll of paper towel has a toilet paper holder, toilet paper, and was housed in a shelf-like structure in paper towels at all times. the hallway bathroom located on the second floor. Further observation revealed there was no toilet paper and toilet paper holder (tube insert). 1206 3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been FORM CMS-2567 (02-99) Previous Versions Obsolute Event ID: P2LD11 Pacifity ID: 09G168

FORM CMS-2567 (02-99) Provious Versions Obsolcta

HRA

015/018

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/14/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED (XI) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER; AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED A BUILDING 09G168 B. WING NAME OF PROVIDER OR SUPPLIER 01/10/2008 STREET ADDRESS CITY, STATE, ZIP CODE ST JOHN 3012 MILITARY RD, NW WASHINGTON, DC 20015 (X4) ID PREFIX SUMINARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL LEGULATORY OR LSC IDENTIFYING PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE INFOR MATION) DEFICIENCY) Continued From page 1 1206 performed and that the employee's health status would allow him or her to perfor n the required duties, This STATUTE is not met as evidence The Governing Body seeks to ensure that by: Based on interview and record all new employees and consultants have review, the GHMRP falled to ensure that current health certificates that state their each employee, prior to employment and capabilities to perform their required duties. annually thereafter, provided evidence of This is evident in the policy and procedure a physician's certification that manual for the aforementioned agency. documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties. The finding includes: Interview with the Qualified Mental All consultants have current health Retardation Professional (QMRP) and certificates in their personnel records. The review of the personnel records on 1/13/2008 QMRP obtained their information and January 9, 2008 at 4:58pm failed to placed them in their assigned personnel provide evidence of current health records. certificates for two consultants. 1 271 3513.1 (b) ADMINISTRATIVE RECOLDS. Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records: (b) Personnel records for all staff The Governing Body seeks to ensure that including job descriptions either at the all administrative records are accessible to GHMRI or in a central office and made those agencies that need to view them upon available upon request; request in accordance with the policy and procedures for Administrative Records I This STATUTE is not met as evidence 271 section 3513.1 (b). by: Based on interview and record review, the GHMRP failed to provide evidence of all staff's personnel records.

Event ID; P2LD11 Facility ID: 09G168

If continuation sheet Page 2 of 5

HRA

-C(11CH	S FOR KIEDICARE	I AND HUMAN SERV	CES		FOR	ED: 01/14/26 M APPROVI	
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER	ATIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	OMB NO. 093		
	09G168		,	B. WING	COMPLETIN		
AME OF PROVIDER (IR SUPPLIER					01/10	/2008	
ST JOHN			İ	STREET ADDRESS CITY, STATE, Z	P CODE		
				3012 MILITARY RD, NW WASHINGTON, DC 20015			
(4) ID	SIDAMADVETATOR	ENT OF DEFICIENCIES	<u> </u>	**************************************			
REFIX	I IDACE DEFICIENCY	MITTER DE DECEMBRE DA	PREPIX	PROVIDER'S PLAN OF	CORRECTION	70	
TAG	FULL FEGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO	HE APPROPRIATE	COMPLETE DATE	
I 271	Continued From pa	Arra 7		DEFICIENC	¥)		
	The finding include	ngo 2 CS:	1 27	71			
	1						
	Interview with the	Qualified Mental		All consultants have curren	nt health		
	the necessary files	ional and review of on January 9, 2008 at		certificates in their personn	ol records The	1/13/2008	
	approximately 4:58	pm revealed that the		Qivikir obtained their infor	mation and	112372000	
	GHMI P failed to n	COVIDE evidence of		placed them in their assign	ed personnel		
	personnel files for t	rsonnel files for the one consultant.		records			
[40]	3520.3 PROFESSIO	ONAL SERVICES		*		1	
	GENERAL PROVISIONS		1401	. 1		1	
	Professional service	es shall include both	(10)	']			
j	diagnosis and evalu	uation, including				1	
	identification of de	velopmental levels				}	
	and needs, treatment services, and services designed to prevent					I	
	deterio, ation or fur	ther loss of function				1	
]	by the resident	ļ				1	
}	This Statute is not a	net as evidenced by:		The Governing Body seeks		l	
]	Dased on interview	and record review		all individuals receive profe	to ensure mar		
1	the GH MRP failed	to cusure		in a timely manner in second	ance with I 401	ĺ	
ĺ	timely manner, for t	byo of the true		section 3520, 3 General Pro-	isions.		
1	residents (Residents	(#1 and #7)		ĺ			
	included in the sam	ple.					
	The findings includ	le:					
- 1	Review of Resident	#2's medical		The QMRP obtained an audiology			
	record on January](0. 2008 at 4-34 PM		appointment for Client #2 for	ology		
	revealed the olient w Audiologist on May	as last scen by the		2008 at 9am.	ivialicis 4,	1/25/2008	
] [audiological consult	2, 2005. The		1			
] 1	revealed that the cile	nt should have an					
	annual trevaluation. Interview was conducted with the Ouglified Mental			į	. 1		
	Retardat on Professio	onal (QMRP) on			1		
1 6	anuary 10, 2008 at a 3:35 PM to ascertain	if the re			1		
0	valuation had occur	red. According to			!	į	
] G	RE QMKP, the House	ë Manacer had i			4		
] 6	een attempting to go	t an appointment			1		
10	ut ned been unsucce	ssful. At the time	ĺ		1		
0	f the survey, the faci nsure Resident #2 re	Actional state	j		1		
	7 (02-99) Previous Vers	~~: YOU TOE	ľ		· 1		

HRA

01/15/2008 01:31 FAX 2024429430

CENT	ERS FOR MEDICARI	H AND HUMAN SER E & MEDICAID SERV	TODE		F	NTED: 01/14/2 ORM APPROY
OIMIEM	IENT OF DEFICIENCIES AN OF CORRECTION	(XI) PROVIDER/SUPPLIE IDENTIFICATION NUMBER	PLIER/CLIA (X2) MULTIPLE CONSTRUCTO		OMB NO. 0938	
		09G168	uro-1.	A BUTLDING	(X3) DATE SU COMPLE	RVBY TED
NAMEO	P PROVIDER OR SUPPLIER	070108			01.	/10/2008
STJOI				STREET ADDRESS CITY, STATE,	ZIP CODE	10/2006
	••			3012 MILITARY RD, NW WASHINGTON, DC 20015		
(X4) ID PREFIX	SUMMARYSTATEM	TENT OF DEPICIENCIES	 			
TAG	FULL F.EGULATORY	MUST BE PRECEDED BY OR LSC IDENTIFYING	PREFIX		**************************************	COMPLET
	an oran (100)	The state of the s	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATI	COMPLETI
I 40	Of Continued From	page 3	₹ 4¢			_
	recont nended and	liological services				
	January 10, 2008	sident #2's records on at 4:45 PM revealed	ĺ			
	INCOLUCIES #2 Was	SCCII by the denti-	1	2. The QMRP scheduled	a dental	1/24/200
	documented belov	Y:	! !	appointment for Client #2 2008 at 9:30am with		
	December 29, 200	6 - the dontal		scaling. received	authorization to	
	consultant docume	ented that the patient		complete the cleaning.		
	needed scaling.					-
	December 3, 2007	- the dental				
	needed scaling.	nted that the patient				
	Interview with the C	Qualified Mental				1
	Retard2 200 Professi	onal (OMRP) on				
	January 10, 2008, at 6:30mm was conducted	approximately led to ascertain if the				
	CHEST USO THE LECOUN	mended scoling				
	COMPLETED as docum	enterion both seas.				
	aroreme trianed cons	Ultation forms The				
	QMRP revealed that been corrupleted due to	scaling had not				ŀ
	A Ann the old-suthoriza	Michi for denial				
	Services. At the time	of the survey also				
	facility failed to ensure	Resident #2		}		
	services (scaling) in a	timely manner.				
T 500	3523.1 RESIDENT'S	Ī	I 500			
İ	Each GHMRP reside	TICE dicactor shall		- -		1
	ensure the rights of n	esidenta era]	The Governing Body secks to	o ensure that	1
	opserved and protect	ed in accordence	j	the rights of all individuals se protected This is evident in th	Trad see	
	with D.C Law 2-137 other applicable Distr	this chapter and	- 1	participation in self-advaced	Cir	
	laws.	int and lederal		other month.	Eroups every].
	This STATUTE is not	met en avid		The individuals in the home a	lk∧ facilises	
- 1	Uy: Dased on intervieu	V and record	1	DELITION THESTINGS ON A	narmal- and	1/10/2008
1	review, the GHMRP f	hiled to many		DIFFERENCE THE IN	distinuta	
	the protections of each for one of the two resi	dents rights,		discuss their rights and other to interest to them. This gives the	BHS AM	1
			- 1 '	upportunity to express themsel	ves and	
CMS-25	67 (02-99) Previous Versi	ons Obsolete Event ID: 1		voice their opinions.		

01/15/2008 01:30 FAX 2024429430 HRA

CENTALOR	STOKRIEDICAK	TH AND HUMAN SERVICE & MEDICAID SERVICE	יביכ		·	FORM	D: 01/14/200 1 APPROVEI
2 LY LEWEY	ATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLERCIA (XI) PROVIDER/SUPPLERCIA (XI) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A BUILDING			O. 0938-0391			
, · U1	o. coluctation		•	A	BUILDING	DATE SURVE	Y
V = -		09G168	1	B . 1	WING		
NAME OF P	ROVIDER OR SUPPLIER			STO	RET ADDROSS CITY CO.	01/10/	2008
AHOL TZ	1			301	rbet address city, state, zip 2 military RD, NW	CODE	
	•		i	W	ASHINGTON. DC 20015		
X4) [D	SUMMARY STATE	MENT OF DEFICIENCIES	—				
REFIX TAG	THE SHEET LIKE IN THE SECOND AS A PROPERTY OF THE SECOND A		PREFI		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV	ORRECTION	(XS) COMPLETION
	INFORMATION)	. ON ESC MENTING	TAG	ì	CUCOSSINGLEKENCED TO TH	E APPROPRIATE	COMPLETION
500	Continued From]	DEFICIENCY)	1
	Continued Profit	page 4	1 50	0			
	The findings inc	lude:		- 1			ļ
	J			- [
	Imeno dos estados			- 1	•		1
	Retar lation Prof	he Qualified Mental fessional (QMRP) and		ĺ			1
	review of Reside	ent #1's medical record on		- [Client #1's grandmother sign	ted the consent	1/24/2008
	7800a y 10, 2008	Sat 1:20 PM reseated sta-		- 1	DOCUMENTS for him to have a	രവിന്നവരേയും .	172472000
	terident nad 8 Co	HONDSCORV OF Tenusey 7		- 1	Provisions will be made to o	Main a comune	
	4008. Continued	Interview was		- 1	the signed consent blaced in	his medical	
	conducted to asc	ertain if consent had		1	book. Client #1's grandmost limited medical guardian and	ier is his	l
	According to inte	r the invasive procedure.		١,	made known to the court	mis has been	
	Manager (HM) A	rview with the House			THE THE	İ	
	consert was obtain	ined by the recidence.					
	Erandi: Jouret, and	Was otheritied to the		1		1	
	dospitul at the tim	18 of the scheduled		1		1	
	colonoscopy. The	HM further revealed					
	that a copy of the	consent was not resident's record. It		1			
	Should be noted th	interview with the		1			
	THE ON January 8.	2008 at 12:31 Day				1	
	revealed that the h	esident did not have the]			ĺ
	CREATER TO SIVE IN	IDINIED CORPORE FOR ALL	•				
	use of inedication	and/or medical revealed that Resident		1			
	#1 had a grandmot	her that was involved				1	1
	to this tile and Mon	id be the nerson				1	
	respons ble for giv	ing medical comme	ı		•		ĺ
	Ar me time of the s	Urvey the facility	}			!	
	TALLED IC DIDAGG OF	/idence that Davidana	.				į
	na or ni: legal guar	Vien was informed of				1	ĺ
	the investive procedingly its attendance	шге (colonoscopy)				}	
	consented to the pro	en usks and Kedure	- 1			1	}
		Al VI	j			1	1
							1
			1			1	ļ.
						1	Í
CM\$-256	7 (02-99) Previous Ver	sions Obsolete Event ID; P.	21 5112	E	Illean market		
			يُ لِ السامية من	rac	ility ID: 09G168 If c	ontinuation sheet Pr	

HRA

013/018

PRINTED: 01/14/2008

DEPART CENTER	MENT OF HEALTS	HAND HUMAN SERV	VICES		FOR	ED: 01/14/2008 M APPROVED
STATEMEN	T OF DEFI CIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED DENTIFICATION NUMBER	7.67.14	(XZ) MULTIPLIS CONSTRUCTI A. BUILDING	ON (X3) DATE SURV	IO, 0938-0391 EY
	01 00KKKC11014	09G168		B. WING	COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS CITY, STA	01/10	/2008
MOL TS	OHOL T			3012 MILITARY RD, NW WASHINGTON. DC 20		
(X4) ID PREFIX TAG	SUMMARY STATUMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE CLUNCY)	COMPLETION DATE
R600	from January 8, 10,2008. A rando residents was sele residential popula with mental retard	vey was conducted 2008 through January in sample of two ected from a tion of three males dation and other urvey findings were dons in the group day programs.				
ORM CMS-2:	567 (02-97) Previous Vo	Dions Obsoleta Face 6	D: PŽĽDI			
		Annatate EAGUL!	D: PELDI	Facility ID: 09G168	If continuation shee	Page 1 of 1